

11 CIV. 3839

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Mahamadou Ceesay

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

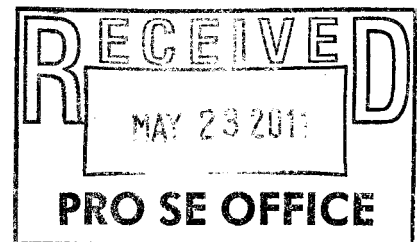
Prison Health Services

COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial: ☐ Yes ☒ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Mahamadou Ceesay  
ID # 349 11 04648  
Current Institution Manhattan Detention Center  
Address 125 White St  
New York, NY 10013

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Prison Health Services Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address 125 White St  
New York, N.Y. 10013

Defendant No. 2 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 3 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?  
Manhattan Detention Center N.Y., N.Y.

B. Where in the institution did the events giving rise to your claim(s) occur?  
Same as above

C. What date and approximate time did the events giving rise to your claim(s) occur?  
April 1, 2011

D. Facts: The petitioner requested medical attention numerous times for his diminished sight in his left eye, due to his diabetes and was not given attention. As a result of the defendant's gross negligence the petitioner has lost sight in his left eye. This petitioner requested medical attention over 12 times via sick call calls. The petitioner's requests were ignored and the petitioner has been severely damaged.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Lost sight in left eye. No medical attention was given after repetitive demands.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Manhattan Detention Center  
New York, N.Y. 10013

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? Medical Attention

2. What was the result, if any? See attached response as noted in Exhibit "A".

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any: \_\_\_\_\_

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

N/A

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

The Petitioner requests that his diminished sight in his left eye be fixed and that he be awarded \$100,000.00 due to the gross negligence on the part of the Defendant. The Petitioner has been permanently damaged due to the lack of medical attention.

On  
these  
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Plaintiff

Inmate Number

Institution Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 10 day of MAY, 2011, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: MALAMADOU F. CEESAY

## CITY OF NEW YORK -- DEPARTMENT OF CORRECTION

ATTACHMENT E

## INMATE GRIEVANCE FORM

Form #7101R

Facility M.D.C. Grievance No. \_\_\_\_\_ Date 4-21-11 Housing Unit 4-5  
 Name MAHAMADU CEESAY Book and Case # 3491104648 NYSID # \_\_\_\_\_

Please describe problem as briefly as possible (Please Print or Type).

I went to the medical Det for my eyes and med and they have not did anything to releve me of the pain in my eye. I can not see anything out of my left eye. Please help me if you can.

Action Requested by Inmate:

I need to have my eyes checked out and my med for them

Advisor/Interpreter requested: \_\_\_\_\_ Yes ☒ No \_\_\_\_\_ Who \_\_\_\_\_  
 Have you filed this grievance with any other investigative body or court? \_\_\_\_\_ Yes ☒ No \_\_\_\_\_  
 If yes, specify: \_\_\_\_\_

Grievants' Signature \_\_\_\_\_

Grievance Aide \_\_\_\_\_

The IGRC proposes to informally resolve your grievance as follows:

Representative Signatures

This informal resolution is accepted:

Grievants' Signature \_\_\_\_\_

If unresolved, you are entitled to a hearing by the Inmate Grievance Resolution Committee.  
 I request a hearing of my grievance by the IGRC \_\_\_\_\_ Yes \_\_\_\_\_ No

Grievants' Signature \_\_\_\_\_









United States Attorney's Office  
Southern District of New York  
Civil Rights Unit

### Civil Rights Complaint Form

The Civil Rights Unit of the United States Attorney's Office is charged with enforcing the federal civil rights laws within the Southern District of New York, which includes Bronx, Dutchess, New York, Orange, Putnam, Rockland, Sullivan, and Westchester counties. We therefore welcome information from the public that brings to our attention possible violations of our Nation's civil rights laws.

**Person filing complaint:**

Mahamanadu Ceesay  
Name

125 White St  
Address

Address (Line 2)

New York, NY 10013  
City, State Zip

New York  
County Phone

**Person/Entity you are filing complaint about:**

Prison Health Services  
Name of Person or Entity

125 White St  
Address

Address (Line 2)

N.Y., N.Y. 10013  
City, State Zip

New York  
County Phone

**Nature of Alleged Civil Rights Violation:**

- ☐ Disability Rights ☐ Fair Housing ☐ Voting Rights  
☐ Educational Opportunities ☐ Law Enforcement Misconduct ☒ Other: \_\_\_\_\_  
☐ Employment Discrimination ☒ Prisoner/Institutional Rights

Please clearly describe the violation of the civil rights laws that you would like to bring to our attention. Include as much information as possible, including the date, place, nature of incident, and contact information for any witnesses (do not send original documents):

After repetative demands to have my eyes checked  
do to my Diabetes, this petitioner lost sight  
from his left eye do to their gross negligence  
The petitioner requested medical attention  
from April 1, 2011 to the present time and to no  
avail.

<Attach additional page(s) if necessary>